The Third National Health and Nutrition Examination Survey (NHANES III), 1988-94, Series 11, No. 11A (Knee Osteoarthritis X-ray Data and Documentation) Data Release.

The National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC) collects, analyzes, and disseminates data on the health status of U.S. residents. The results of surveys, analyses, and studies are made known through a number of data release mechanisms including publications, mainframe computer data files, CD-ROMs (Search and Retrieval Software, and the Internet.

The National Health and Nutrition Examination Survey (NHANES) is a periodic survey conducted by NCHS. The third National Health and Nutrition Examination Survey (NHANES III), conducted from 1988 through 1994, was the seventh in a series of these surveys based on a complex, multi-stage sample plan. It was designed to provide national estimates of the health and nutritional status of the United States' civilian, noninstitutionalized population aged two months and older.

This data release, Series 11 No. 11A, contains the NHANES III knee osteoarthritis X-ray data file and documentation. This data release does not replace the previous NHANES III data releases. The released data is in flat text format. A SAS program is provided to read the flat data. The user is advised to have someone who knows SAS data step to adapt the provided SAS program to his or her specific SAS environment.

Background information on the procedures, survey components, questionnaires, examination and laboratory methods, and statistical analysis guidelines is available on the NHANES III Reference Manuals and Reports (CD-ROM). All data users are strongly encouraged to review these reference materials and reports before analyzing NHANES III data.

### Guidelines for Data Users

- O NHANES III survey design and demographic variables are found on the Household Adult Data File, Household Youth Data File, the Laboratory Data File and the Examination Data File. In preparing a data set for analysis, other data files should be merged with either or both of the Adult Household Data File or the Youth Household Data File to obtain many important analytic variables.
- All of the NHANES III public use data files are linked with the common survey participant identification number (SEQN). Merging information from multiple NHANES III data files using this variable ensures that the appropriate information for each survey participant is linked correctly.
- O NHANES III public use data files do not have the same number of records on each file. The Household Questionnaire Files (divided into two files, Adult and Youth) contain more records than the Examination Data File because not everyone who was interviewed completed the examination. The Laboratory Data File contains data only for persons aged one year and older. The Individual Foods Data File based on the dietary recall, the Prescription Medication Data File, and The Vitamin and Minerals Data File

- all have multiple records for each person rather than the one record per sample person contained in the other data files.
- For each data file, SAS program code with standard variable names and labels is provided as separate text files on the CD-ROM that contains the data files. This SAS program code can be used to create a SAS data set from the data file.
- Modifications were made to items in the questionnaires, laboratory, and examination components over the course of the survey; as a result, data may not be available for certain variables for the full six years. In addition, variables may differ by phase since some changes were implemented between phases. Users are encouraged to read the Notes sections of the file documentation carefully for information about changes.
- o Extremely high and low values have been verified whenever possible, and numerous consistency checks have been performed. Nonetheless, users should examine the range and frequency of values before analyzing data.
- Some data were not ready for release at the time of this publication due to continued processing of the data or analysis of laboratory specimens. A listing of those data are available in the general information section of each data file.
- O Confidential and administrative data are not available or released to the public. Additionally, some variables have been recoded to protect the confidentiality of the survey participants. For example, all age-related variables were recoded to 90+ years for persons who were 90 years of age or older.
- O Some variable names may differ from those used in the Phase 1
  NHANES III Provisional Data Release and some variables included in the
  Phase 1 provisional release may not appear on these files. Do not use
  the Phase 1 provisional release; use the current (six-year) release.
- Although the data files have been edited carefully, it is possible that errors may still exist. Please notify NCHS staff (301-458-4636) of any suspected errors in the data file or the documentation. Refer to the NCHS website at http://www.cdc.gov/nchs/nhanes.htm for updates to these data files.

## Analytic Considerations

- NHANES III (1988-94) was designed so that the survey's first three years, 1988-91, its last three years, 1991-94, and the entire six years were national probability samples. Analysts are encouraged to use all six years of survey results.
- Sample weights are available for analyzing NHANES III data. One of the following three sample weights will be appropriate for nearly all analyses: interviewed sample final weight (WTPFQX6), examined sample final weight (WTPFEX6), and mobile examination center (MEC)- and home-examined sample final weight (WTPFHX6). Choosing which of these sample weights to use in any analysis depends on the variables being used. A good rule of thumb is to use "the least common denominator" approach. In this approach, the user checks the variables of

interest. The variable that was collected on the smallest number of persons is the "least common denominator," and the sample weight that applies to that variable is the appropriate one to use for that analysis. For more detailed information, see the Analytic and Reporting Guidelines for NHANES III (U.S. DHHS, 1996).

## Referencing or Citing NHANES III Data

o In publications, please acknowledge NCHS as the original data source. For instance, the reference for this Knee Osteoarthritis X-ray Data File in this release is: U.S. Department of Health and Human Services (DHHS). National Center for Health Statistics. Third National Health and Nutrition Examination Survey, 1988-1994, NHANES III Knee osteoarthritis X-ray data file (Series 11, No. 11A). Hyattsville, MD: Centers for Disease Control and Prevention, 2001.

## Problems Using the Data

NHANES III is a wonderfully rich source of data and NCHS encourages you to use the data for research and analysis. However, the dataset is large and complex and familiarity with data file manipulation and analysis is required. NCHS does not have the personnel resources to perform analyses, check results, debug programs or do literature review for your work. Thorough review of the extensive documentation on the planning of the survey, analytic guidelines and individual datasets should resolve most questions. If you still have questions after careful review of the documentation, please contact the Data Dissemination Branch at (301)458-4636.

\_\_\_\_\_\_

## NHANES III Osteoarthritis X-Ray Component Data File Index

Variable
Description Name Positions

Description	Name	Positions
Respondent identification number	SEQN	1-5
Kellgren-Lawrence score, right knee	XRPKLR	6
Kellgren-Lawrence score, left knee	XRPKLL	7
Osteophyte - medial femoral, right knee	XRPOMFR	8
Osteophyte - medial femoral, left knee	XRPOMFL	9
Osteophyte - medial tibial, right knee	XRPOMTR	10
Osteophyte - medial tibial, left knee	XRPOMTL	11
Osteophyte - lateral femoral, right knee	XRPOLFR	12
Osteophyte - lateral femoral, left knee	XRPOLFL	13
Osteophyte - lateral tibial, right knee	XRPOLTR	14
Osteophyte - lateral tibial, left knee	XRPOLTL	15
Sclerosis - medial femoral, right knee	XRPSMFR	16
Sclerosis - medial femoral, left knee	XRPSMFL	17
Sclerosis - medial tibial, right knee	XRPSMTR	18
Sclerosis - medial tibial, left knee	XRPSMTL	19
Sclerosis - lateral femoral, right knee	XRPSLFR	20
Sclerosis - lateral femoral, left knee	XRPSLFL	21
Sclerosis - lateral tibial, right knee	XRPSLTR	22
Sclerosis - lateral tibial, left knee	XRPSLTL	23
Chondrocalcinosis - right knee	XRPCHOR	24
Chondrocalcinosis - left knee	XRPCHOL	25
Joint replacement - right knee	XRPJRR	26
Joint replacement - left knee	XRPJRL	27

### NHANES III Examination Data File

EXAMINATION XRAY DATA \_\_\_\_\_ Item description SAS name Counts and code \_\_\_\_\_ Respondent identification number 2589 32234-53616 SEON 6 Kellgren-lawrence score, right knee XRPKLR 1294 0 Normal 246 1 Possible osteophyte 632 2 Definite osteophyte
166 3 Moderate multiple osteophytes
54 4 Large osteophytes, severe sclerosis
163 8 Blank but applicable Unreadable 34 9 Kellgren-lawrence score, left knee XRPKLL 1271 0 Normal 1 Possible osteophyte 302 640 2 Definite osteophyte 141 3 Moderate multiple osteophytes 45 4 Large osteophytes, severe sclerosis Blank but applicable 163 8 27 9 Unreadable Osteophyte - medial femoral, right knee XRPOMFR 2009 0 Normal 254 1 Mild or 1-33% abnormal 93 2 Moderate or 34-66% abnormal 36 3 Severe or 67-100% abnormal 163 8 Blank but applicable 34 9 Unreadable 9 Osteophyte - medial femoral, left knee XRPOMFL 2060 0 Normal 223 1 Mild or 1-33% abnormal Moderate or 34-66% abnormal 88 2 28 3 Severe or 67-100% abnormal 63 8 Blank but applicable 27 9 Unreadable 163 8 Osteophyte - medial tibial, right knee 10 XRPOMTR 1721 0 Normal Mild or 1-33% abnormal 588 1 2 Moderate or 34-66% abnormal 77 6 3 Severe or 67-100% abnormal 163 8 Blank but applicable 34 9 Unreadable

163

\_\_\_\_\_\_

# EXAMINATION XRAY DATA

Positions SAS name				Notes
1.1				
11	1740		ophyte - medial tibial, left knee	
XRPOMTL	1740		Normal Mild or 1-33% abnormal	
	68	1 2	Moderate or 34-66% abnormal	
		3	Severe or 67-100% abnormal	
			Blank but applicable	
			Unreadable	
12		Oste	eophyte - lateral femoral, right knee	5
XRPOLFR	2056	0	Normal	
	247	1	Mild or 1-33% abnormal	
	76		Moderate or 34-66% abnormal	
		3	Severe or 67-100% abnormal	
		8	Blank but applicable	
	34	9	Unreadable	
13			eophyte - lateral femoral, left knee	
XRPOLFL	2091	-	Normal	
	229		Mild or 1-33% abnormal	
		2		
		3	Severe or 67-100% abnormal	
	163 28	8 9	Blank but applicable Unreadable	
14		Oste	eophyte - lateral tibial, right knee	
XRPOLTR	1939		Normal	
	366			
	74			
	13			
	163		Blank but applicable	
	34	9	Unreadable	
15		Oste	eophyte - lateral tibial, left knee	
XRPOLTL	1974	0	Normal	
	361	1	Mild or 1-33% abnormal	
	55	2	Moderate or 34-66% abnormal	
	8	3	Severe or 67-100% abnormal	
	163	8	Blank but applicable	
	28	9	Unreadable	
16	0.01.0		erosis - medial femoral, right knee	
XRPSMFR	2018	0	Normal	
	332	1	Mild or 1-33% abnormal	
	35	2	Moderate or 34-66% abnormal	
	2 163	3	Severe or 67-100% abnormal	
	39	8 9	Blank but applicable Unreadable	
	39	9	UIITEAUADIE	

\_\_\_\_\_\_

# EXAMINATION XRAY DATA

Positions				
SAS name			l code 	Notes
17		Sclero	osis - medial femoral, left knee	
XRPSMFL	2014	0	Normal	
	346	1	Mild or 1-33% abnormal	
			Moderate or 34-66% abnormal	
			Severe or 67-100% abnormal	
			Blank but applicable	
			Unreadable	
18		Scler	osis - medial tibial, right knee	
XRPSMTR	1951	0	Normal	
	385	1	Mild or 1-33% abnormal	
	47	2	Moderate or 34-66% abnormal	
			Severe or 67-100% abnormal	
	163	8	Blank but applicable	
	39	9	Unreadable	
19		Scler	osis - medial tibial, left knee	
XRPSMTL	1938	0	Normal	
		1	Mild or 1-33% abnormal	
	48	2	Moderate or 34-66% abnormal Severe or 67-100% abnormal	
	7	3	Severe or 67-100% abnormal	
			Blank but applicable	
	30	9	Unreadable	
20		Scler	osis - lateral femoral, right knee	
XRPSLFR	2276		Normal	
	94	1	Mild or 1-33% abnormal	
	20	2	Moderate or 34-66% abnormal Blank but applicable	
	163	8	Blank but applicable	
	36	9	Unreadable	
21		Scler	osis - lateral femoral, left knee	
XRPSLFL			Normal	
	73	1	Mild or 1-33% abnormal	
	13	2	Moderate or 34-66% abnormal	
	163	8	Blank but applicable	
	29	9	Unreadable	
22			rosis - lateral tibial, right knee	
XRPSLTR	2246	0	Normal	
	119		Mild or 1-33% abnormal	
	24		Moderate or 34-66% abnormal	
	1	3	Severe or 67-100% abnormal	
	163		Blank but applicable	
	36	9	Unreadable	


EXAMINATION XRAY DATA				
Positions SAS name			scription code	Notes
23		Scleros	sis - lateral tibial, left knee	
XRPSLTL	2293	0		
		1	Mild or 1-33% abnormal	
	16	2	Moderate or 34-66% abnormal	
	163	8	Blank but applicable Unreadable	
	29	9	Unreadable	
24		Chond	rocalcinosis - right knee	
XRPCHOR	2207		Absent	
		1	Present	
		8	Blank but applicable	
	34	9	Unreadable	
25		Chondi	rocalcinosis - left knee	
XRPCHOL	2228		Absent	
11112 01102			Present	
			Blank but applicable	
	30	9	Unreadable	
26		Joint	replacement - right knee	
XRPJRR	2393		Absent	
AKFOKK	2373		Present	
	163			
	4	9	<del></del>	
	ı	)	Ulifeadable	
27		Joint	replacement - left knee ;	
XRPJRL	2399	0	Absent	
	26	1	Present	
	163	8	Blank but applicable	
	1	9		

This "Special Notes" specific to the Knee Osteoarthritis X-ray Data File is divided into four main sections. The first section, "General Information," provides information about the file contents. The second section, "NHANES III X-ray Component Index," includes a brief description of each variable in the data set, the variable name and the item position. The third section, "NHANES III Examination Data File; Item Descriptions, Codes, Counts, and Notes" provides the variable name, a brief description of the possible values for that variable, a frequency count for each value, notes by variable, and appendices as necessary. "References" are provided in the fourth section.

### GENERAL INFORMATION

The analysis of NHANES III knee osteoarthritis data must be conducted in the context of the key survey design and basic demographic variables. The NHANES III Household Adult Questionnaire Data File (ages 17 years and older) contains demographic data, health indicators, functional health status and other related information collected during household interviews. The NHANES III Household Adult Examination Data File (ages 17 years and older) contains physician's examination of theses joints and other related information. They also contain all survey design variables and sample weights for these age groups.

These files may be linked to the knee osteoarthritis x-ray data file using the unique survey participant (sample person) identifier SEQN.

#### Scope of Data Release

Only Phase 2 (1991-1994) knee radiographs were read for osteoarthritis in NHANES III and are contained in this data release. Therefore, when analyzing data for these readings, the MEC Phase 2 sample weight should be used (WTPFEX2). For more information on the use of sample weights in NHANES III data analysis, refer to the NHANES III Analytic and Reporting Guidelines (U.S. DHHS, 1996b). At the time of this data release, hand osteoarthritis x-ray results were not available. NHANES III hand and knee radiographs have also not been read for any other types of arthritis.

### Radiograph Collection

Non-weight bearing anteroposterior knee radiographs (x-rays) were collected on examinees aged 60 years and older at the mobile examination center (MEC). There were no medical, safety or other exclusions in the protocol for this component. All examinees who were able to self transfer to the x-ray table, or who could be assisted in transferring by someone who accompanied them, were eligible. No radiographs were taken on examinees who did not travel to the MEC. There was an overall 93% completion rate for obtaining radiographs from participants who were examined (see table A.8, Analytic and Reporting Guidelines U.S. DHHS, 1996b). Reasons for incomplete tests or tests not done included: 1. hardware malfunction or lack of supplies; 2. insufficient time available or room not available; 3. examinee refused or uncooperative; 4. examinee unable to physically cooperate. For those examinees, osteoarthritis knee x-ray results were coded as '8 - Blank but applicable'.

Detailed radiograph collection and processing instructions are discussed in the X-ray Procedures Manual (U.S. DHHS, 1996). The MEC physicians reviewed all x-rays both for technique and for abnormal findings. Abnormal findings were forwarded for an expedited reading by a contract radiologist and triggered a report of findings letter to inform the participant. For quality control purposes, using an observation checklist, the radiology consultant periodically observed a sample of x-rays taken by technicians. Feedback was

provided on a regular basis to technicians.

Radiographic Atlases, Scoring Systems, Reader Training and Reading Protocols
In order to obtain global and individual radiographic features (IRF)
readings for knee OA, the Kellgren-Lawrence (KL) atlas for knee OA (1) and the
Osteoarthritis Research Society atlas of individual radiographic features of
OA (2) were used, respectively. In addition, presence or absence of
chondrocalcinosis and joint replacement were noted. Joint replacement
included the presence of arthroplastic orthopedic hardware related to the
articular surface. Radiographs were considered unreadable for a feature if
there was inadequate coverage of the anatomy, motion, rotation, incorrect
positioning, or over- or under-exposure, and coded in the dataset as '9 unreadable'. Less than two percent of radiographs were unreadable for any
feature.

Evidence of disease for the global scores was defined as a Kellgren-Lawrence score of =2, where grade 2 equals the presence of definite osteophytes (with or without possible joint space narrowing, since these are non-weight bearing radiographs). Evidence of disease for IRF (osteophytes and sclerosis) were defined as scores = 1 which represented at least mild (1-33%) abnormality. Evidence of chondrocalcinosis and joint replacement were defined as scores = 1 which represented presence of disease.

Two radiologists were trained in the radiograph scoring methods by an expert musculoskeletal radiologist. The standardized approach for reading the study radiographs included a single reading on all radiographs by one qualified reader. Additionally, all radiographs showing any evidence of disease, plus a random sample of radiographs from 10% of non-affected individuals were read by a second reader. Three sets of quality control (QC) radiographs with an equal representation of normal to advanced disease were selected from the study population by the project coordinator for use in intra- and inter-reader reliability assessment. Kappa statistics were used to assess reader reliability for the presence of disease (KL grade 2-4; osteophytes grade 1-3; and sclerosis grade 1-3) versus non-disease (KL grade 0-1; osteophytes grade 0; and sclerosis grade 0).

Kappas for inter-rater agreement were > 0.71 for the KL scores, > 0.70 for the IRF osteophyte scores, > 0.50 for sclerosis, and > 0.57 for chondrocalcinosis scores. Kappas for intra-rater agreement for the primary reader were > 0.84 for the KL scores, > 0.80 for the IRF osteophyte scores, > 0.68 for sclerosis, and > 0.80 for chondrocalcinosis scores. Kappas for intra-rater agreement for the secondary reader were > 0.82 for the KL scores, > 0.71 for the IRF osteophyte scores, > 0.58 for sclerosis, and > 0.53 for chondrocalcinosis scores.

Once all readings were completed by both readers, consensus readings were conducted on radiographs showing disagreement between the two qualified readers by major differences: at least two grades for KL global scores, or IRF osteophyte or sclerosis scores; or presence or absence of minimal disease: a) between grades 1 and 2 for KL global scores, or b) between grades 0 and 1 for osteophyte or sclerosis IRF scores or chondrocalcinosis. Concensus readings (for at least one radiographic feature) were performed on 35.6% of the x-rays. For all other reading differences for KL, osteophyte and sclerosis scores, reader 1 scores were used as final.

- Atlas of standard radiographs of arthritis. In: The Epidemiology of Chronic Rheumatism. Vol II. Philadelphia, FA Davis Company, 1963.
- 2. Altman RD, Hochberg MC, Murphy WA, Jr., Wolfe F, Lequesne M: Radiographic atlas of the hand, hip and knee. Osteoarthritis Cart 1995;3(Suppl A):3-70.